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The Society notes with sorrow the death on 1 March 2017 of its
Vice-President, Prof Dai Morgan Evans FSA, Hon MiFA.
An obituary will appear in the next volume of the *Journal*.



Papers relating to the Architecture, Archaeology and History
of the County, City and Neighbourhood of Chester

Edited by
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with
Janet Axworthy, Dan Garner and Alan Williams
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Abbreviations

The abbreviations used in this volume follow the system laid down in British Standard 4148 part 2; many of the most relevant abbreviations are listed in *Signposts for archaeological publication* ed 3. London: Council for British Archaeology, 1991. http://www.archaeologyuk.org/sites/www.britarch.ac.uk/files/node-files/signposts_archpub_3rded.pdf

Contributions

The Society welcomes articles about the architecture, archaeology and history of the pre-1974 county of Cheshire and adjoining areas. If you are interested in contributing, please contact the Editorial Subcommittee, email chesterarchaeologicalsociety@gmail.com. For notes on the scope, presentation, content and organisation of contributions, and on house style, see www.chesterarchaeolsoc.org.uk/contributors.html.

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VII: A Knight's Tale

A Rare Case of Inter-Personal Violence from Medieval Norton Priory

by Shirley Curtis-Summers, Anthea E Boylston and Alan R Ogden*

The opportunity to assess human skeletal remains from Norton Priory, near Runcorn (Cheshire), led to the discovery of peri-mortem blade trauma on an adult male skeleton. The burial evidence suggests that this individual was a wealthy knight and lay benefactor of the priory in the thirteenth century and skeletal evidence has revealed that he was the victim of inter-personal violence. Additionally, many skeletal elements were affected by advanced Paget's disease, which may have resulted in a certain level of vulnerability due to restricted movement of his arms as a result of Pagetic thickening of the bones. This is the only evidence found of weapon-related trauma on the Norton Priory skeletal assemblage, making it a rare case and contributing to our understanding of inter-personal violence associated with an ecclesiastical establishment in medieval Britain.

Introduction

Evidence from archaeological contexts of peri-mortem vertebral blade wounds has often been associated with decapitations (Buckberry & Hadley 2007; Redfern & Bonney 2014; Carty 2015). Aside from decapitation, however, there is little evidence from medieval sites in Britain of blade wounds affecting a large portion of the vertebral column. There are even fewer cases correlating such wounds with males of high status and military rank, involved in inter-personal violence far from the battlefield, as appears to be the case here. This case study presents rare evidence of skeletal injury on a wealthy benefactor to Norton Priory that is not seen on any of the remaining skeletal population. The evidence that this individual also suffered from Paget's disease is another factor to consider in this unusual case.

Materials and methods

Peri-mortem trauma was identified on the spine of a skeleton (SK22) from the Augustinian priory at Norton (Ill VII.1). The archaeological excavations, which were conducted from

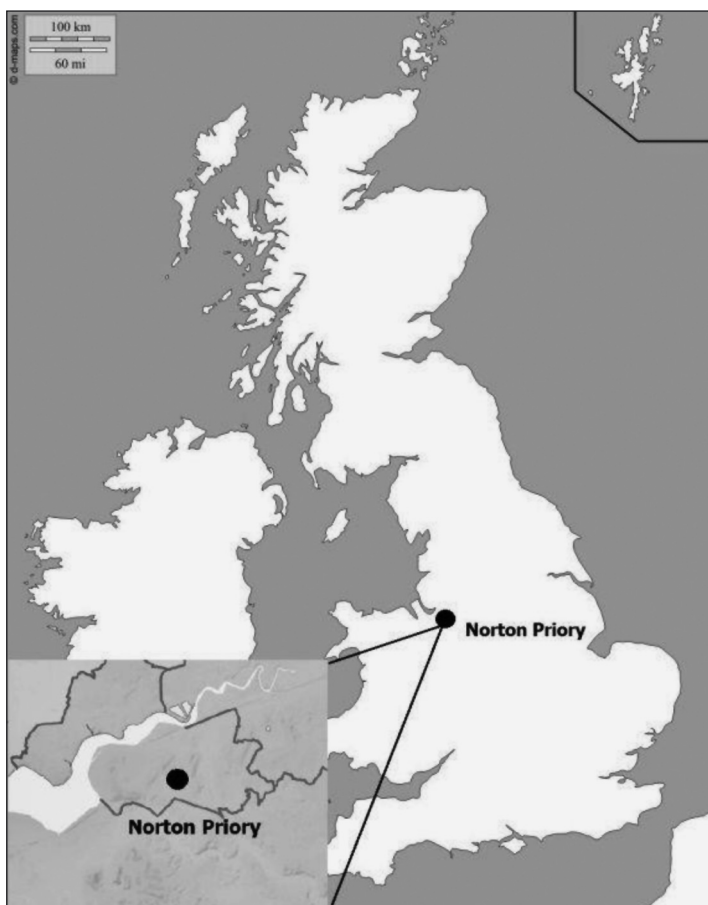
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1971 to 1987 by Patrick Greene, became the largest study at the time to be carried out on any European ecclesiastical site and revealed the developmental sequence of the medieval establishment (Greene 1989). This included the foundations and identifiable areas of the priory complex, such as the cloister, chapter house and church, the latter being where the majority of twelfth to sixteenth-century burials were discovered.

Specialist reports, including those concerning the human skeletal assemblage, formed part of the latest publication on the archaeological investigations (Boylston 2008; Ogden 2008). The new evidence presented here was discovered during a detailed bioarchaeological study that focussed on religious and social influences on the lifeways of 128 articulated skeletons buried at the priory (Curtis-Summers 2015). SK22 is a near-complete skeleton, although a number of skeletal elements were absent, most notably the frontal and facial bones, rib ends and phalanges of the hands and feet. The skeleton was assessed as an adult male, aged 46–59, with a stature of 175cm (\pm 3cm) and in a good state of preservation (Curtis-Summers 2015, 476). Established osteological methods were used to determine age-at-death, from

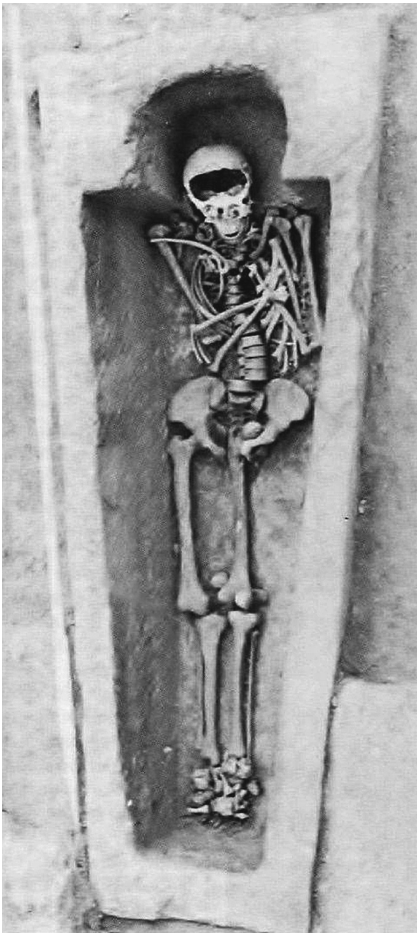


III VII.1 Location of Norton Priory. © d-maps.com

stages of degeneration of the pubic symphysis (Brooks & Suchey 1990), the auricular surface (Buckberry & Chamberlain 2002) and from occlusal wear of permanent mandibular molars (Brothwell 1981, 71–2). Sex was determined from pelvic morphology (Phenice 1969; Acsádi & Nemeskeri 1970; Krogman & İşcan 1986). Stature was estimated from measurements of the femur and tibia (Trotter 1970).

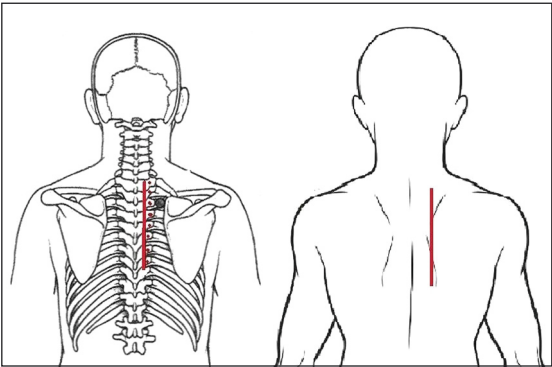
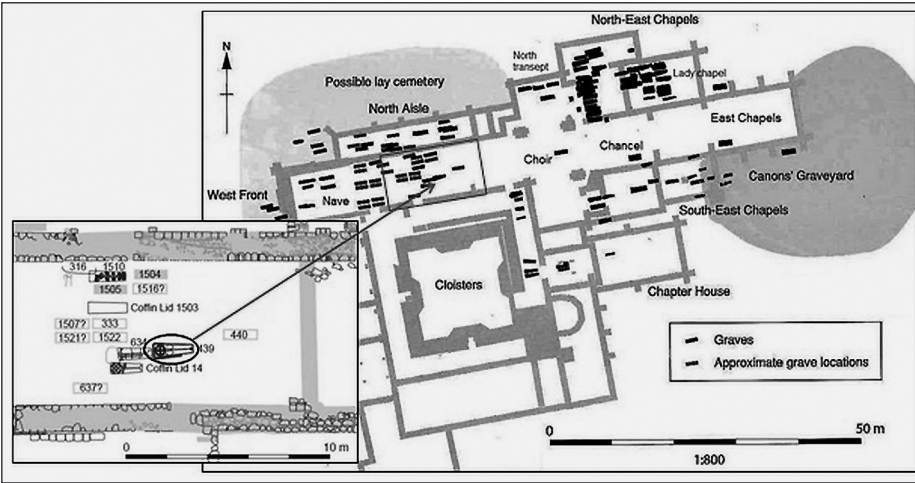
Burial evidence

The grave of SK22 was situated towards the eastern end of the nave, an area thought to have been used for the interment of high-status lay members of the community (Brown & Howard-Davis eds 2008, 118–19). SK22 was buried in a supine extended position within a monolithic stone coffin (Ill VII.2) capped with a lid that was highly decorated with two carved shields, an indication of his knightly status (Greene 1989, 7). Some of the bones were disturbed during collection of coffin debris but the vertebrae were intact prior to removal (P Greene *pers comm*). Considering the burial type and the position of the body, it is highly unlikely that the trauma to the thoracic vertebrae was caused during excavation.



Ill VII.2 Burial SK22 *in situ* (left) and close up (right). © Greene 1989, fig 7. Note that the majority of vertebrae are undisturbed.





III VII.4a Right side (horizontal view) of T1–T8 with bone affected by blade trauma highlighted. © S Curtis-Summers. (NB Some cuts are misaligned on the image because of the difficulty maintaining articulation during photography).

III VII.4b Area on the body affected by blade trauma.

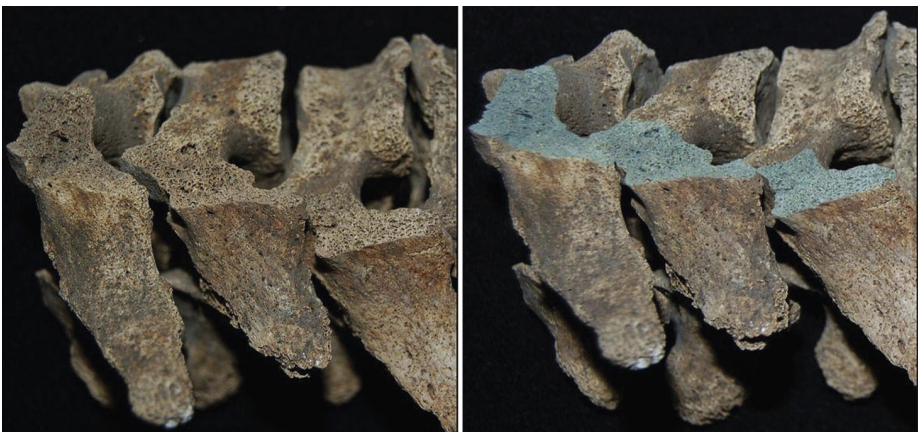
Although this burial was undisturbed in a stone coffin, an unfortunate accident during the removal of the coffin lid resulted in damage to the skull, destroying the frontal and facial bones (Boylston 2008, 161).

The burial is believed to be that of Sir Geoffrey de Dutton (d 1248), a wealthy benefactor of Norton Priory in the thirteenth century. Sir Geoffrey participated in the Fifth Crusade (1218–21) and is reputed to have brought back a portion of the True Cross to the priory (Hurlock 2017). This relic was recorded in the 1287 annals of Whalley Abbey as the ‘Holy Cross of Norton’, which had effective miracle-working properties (Greene 2005, 95). Further evidence to support this burial as that of Sir Geoffrey de Dutton is that the coffin was situated close to the *pulpitum* or rood screen, which housed the True Cross relic. Hurlock suggests this would have been an appropriate location for Geoffrey’s grave, where he would lie facing the relic that he had procured in life, thereby ensuring the salvation of his soul whilst also being remembered by the community. Furthermore, Sir Geoffrey made a valuable gift to Norton Priory of one-third of the lands at Budworth in Cheshire, on the condition that the canons should ‘pray for his soul for ever’ (Hanshall 1823, 374), further securing his salvation in the afterlife. The Dutton family were powerful landowners in Cheshire and the principal benefactors of Norton Priory from the thirteenth to the sixteenth centuries. They had their own burial chapels on the north-eastern side of the priory complex, although a number of family members were buried in other prominent places, including the chapter house and, in the case of Sir Geoffrey, in the nave (Ill VII.3) (Greene 1989, 7; Brown & Howard-Davis eds 2008, 119).

Results and discussion

Vertebral trauma

SK22 was examined macroscopically at Norton Priory museum, where the skeleton was on display at the time that the research was undertaken. Upon close inspection, a uniform longitudinal (vertical) cut was identified on the 1st to 8th thoracic vertebrae (T1–T8) that had completely severed the right transverse processes (Ill VII.4a); hence the blade had penetrated the back between the right scapula (shoulder blade) and spine (Ill VII.4b). The

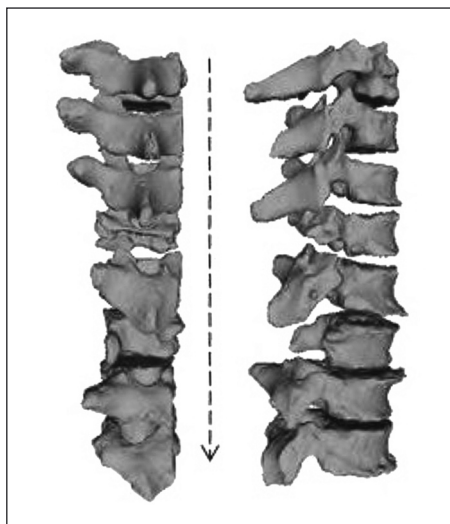


Ill VII.5 Enlarged right lateral view of T1–T3 (*left*), with areas affected by blade trauma highlighted (*right*). © S Curtis-Summers

severed transverse processes were absent from the skeletal remains, possibly because they had not been recovered during removal of the debris from the stone coffin as sieving was not undertaken (P Greene *pers comm*). There are also tentative signs that the 6th and 7th cervical vertebrae (C6–C7) were also affected, but no firm conclusion can be drawn owing to post-mortem damage to these areas.

The cut to T1–T8, which covered an area of around 20 centimetres in length, had clean sharp edges, was uniform in colour and had no signs of bone remodelling (Ill VII.5), which indicates that this injury occurred just before death and was not caused by post-mortem damage. Such a severe cut through the transverse processes might also be expected to have resulted in injury to the corresponding ribs. However, no evidence of blade wounds were found on the ribs present, although absence and post-mortem damage to some of the rib heads hindered full assessment. No skeletal evidence of weapon-related trauma was found on the remaining Norton Priory assemblage, although soft-tissue trauma may have occurred that would be invisible on bone. Interpretations connected to wider evidence of interpersonal violence at Norton Priory cannot therefore be determined.

Military historian and weapons expert Mike Loades confirmed that a sword most probably caused this injury, rather than an axe for example, which would not have made such a fine uniform cut (Ill VII.6). The blow would have been delivered in a vertical downward motion by the assailant from behind, with such force and velocity that it cut through bone. Such a thin, uniform cut suggests that no armour or shield was worn at the time of this attack to deflect blows; hence this injury was unlikely to have been sustained in battle (M Loades *pers comm*). Moreover, no defensive wounds were identified elsewhere on the body, such as cuts on the arm or hand bones, suggesting this individual did not, or could not, defend himself.



Ill VII.6 3-D scan of T1–T8 showing uniformity of the cut. © OR3D data only; image produced by S Curtis-Summers

The sword would have severed muscles such as the *Trapezius*, which is responsible for flexing the neck, moving the pelvic girdle and scapula, and the *Semispinalis* muscles, which rotate and extend the spine (Palastanga *et al* 2008, 21, 194). Such an injury would have resulted in the loss of neck and torso movement and hindered arm function. Additionally, if the blade penetrated the right lung from behind, this may have caused internal haemorrhage and a pneumothorax (air or gas in the pleural cavity), resulting in immediate breathing difficulties (A Daroszevska *pers comm*). Overall, this was a blow that would have resulted in severe loss of blood and would have rendered this individual unable to move his body or breathe, with death occurring almost immediately.

Vertebral blade wounds are often associated with executions, as found at Roman (Redfern & Bonney 2014), Anglo-Saxon (Buckberry & Hadley 2007), and medieval (Carty 2015) sites in Britain and Ireland. Execution wounds associated with beheading for example, manifest as transverse (horizontal) cuts, usually to the cervical vertebrae in the neck. Evidence of longitudinal (vertical) blade wounds associated with execution is rare, although one example was discovered by Lewis (2008, 113), who identified sharp force trauma on multiple bones of an adult male from the thirteenth- to sixteenth-century Cistercian site of Hulton Abbey, Staffordshire. Trauma to the vertebrae affected included a transverse cut to the third cervical vertebra in the neck, suggested a beheading, and evidence of possible quartering by longitudinal cut marks on the second to third thoracic vertebrae (upper back) and on the eleventh thoracic to second lumbar vertebrae (lower back). The nature and distribution of these cuts suggest execution, with the individual being beheaded, drawn and quartered (Lewis 2008, 113). However, there is no historical or osteological evidence to suggest that the blade wound to SK22 was the result of execution. For example, there are no transverse cut marks on the cervical vertebrae to suggest beheading, and the localised fine longitudinal cut to the 1st to 8th thoracic vertebrae does not suggest quartering. Direct comparable osteological evidence to SK22 is therefore lacking, although one case that has broad similarities is from the ninth- to fifteenth-century church and cemetery of St Augustine in Stoke Quay, Ipswich (Webb *et al* 2014). As in the case of SK22, osteological assessment of an adult male revealed that the vertebrae were cut posteriorly in a longitudinal direction. However, that is where the similarity to SK22 ends as all vertebrae; sacrum and five right ribs on the Stoke Quay individual were affected by trauma, which led the authors to suggest post-mortem dissection rather than execution (Webb *et al* 2014).

Paget's disease of bone

Evidence of extensive Paget's disease of bone (PDB) was identified on SK22 as well as on five other skeletons from Norton Priory (Boylston & Ogden 2005). PDB is a chronic, progressive skeletal disorder that is caused by a disruption in normal bone turnover, resulting in excessive bone destruction and softer bone formation, which can result in thickened and misshapen bone (Ortner 2003, 435; Roberts & Manchester 2005, 250). PDB can affect multiple bones in the body and affects individuals over the age of forty years, with males being more susceptible than females (Ortner 2003, 435). Although this condition was discovered over 130 years ago by Sir James Paget, its aetiology is still unknown. It is often suggested to have a slow-acting viral origin (Roberts & Cox 2003, 282; Tan & Ralston 2014, 866), although other factors including a genetic predisposition (Visconti *et al* 2010), childhood vitamin D deficiency (Barker & Gardner 1974) and exposure to environmental pollutants (Lever 2002) have also been suggested. Evidence of a high prevalence of PDB in contemporary north-west England has been found, centred on Lancashire towns, with a noticeable prevalence also found in Cheshire (Barker *et al* 1980, 1106; Cooper *et al* 2006, 4).

PDB affected multiple bones on SK22, most notably manifesting itself as excessive thickening of the cranial vault (Ill VII.7) and also thickened and disorganised new Pagetic bone on the scapulae (Ill VII.8), clavicles, ribs, vertebrae, humeri, ulnae, pelvis and femora (Boylston 2008, 181; Curtis-Summers 2015, 341). It is possible that due to the severe Pagetic thickening on some of the shoulder and arm bones (scapulae, clavicles and proximal humeri),



III VII.7 Anterior view of the skull showing pagetic thickening of the cranium (arrowed).
© S Curtis-Summers

III VII.8 Anterior view of the right scapula showing pagetic thickening and disorganised new bone. © S Curtis-Summers



this individual was unable to adopt a defensive position, for example raising his sword arm to deflect a blow from a weapon if he was attacked from the front. Considering that Sir Geoffrey was most likely not wearing armour to deflect this blow, that his final resting place was at Norton Priory and that he died in 1248, some twenty-seven years after the Fifth Crusade ended, it is highly unlikely that he sustained these injuries during his time as a Crusading knight. The suggestion that he returned to Norton Priory with a portion of the True Cross supports this suggestion (Greene 2005, 25; Hurlock 2017).

Violence in medieval Cheshire

Homicide rates in thirteenth-century England are reported to have been almost twice as high as those in the sixteenth and seventeenth centuries, and inter-personal violence occurred regularly in both rural and urban areas (Gurr 1981, 313). However, wide variation occurred within different regions and periods and no overall meaningful deductions are possible (Stone 1983, 23). Violent encounters were commonplace in Cheshire, for example between the king's men and the bishop's men of Chester in 1238 (Lewis & Thacker eds 2003). Conflict also occurred within religious houses, for example at Combermere Abbey, which was seriously in debt during the thirteenth century. A respite was given to the abbey and it was put into royal protection in 1276/7 under the custody of Robert Burnell, Bishop of Bath and Wells. In 1281 the bishop's character was called into question when he and six of his monks engaged in a violent quarrel with Saint-Évroul over Drayton Church, which they defended like a castle, refusing entry to the Archbishop of Canterbury. By 1283, however, all appeared well, and Bishop Burnell had paid approximately £213 to alleviate the abbey's financial burden (Baggs *et al* 1980a). Within Chester, friars often appeared before the city courts, accused of assaults on their fellow friars, men within the town and on the monks of St Werburgh's (Bennett 1935, 17). In contrast, there is no documentary evidence to elucidate the cause of the attack on Sir Geoffrey or to suggest that it occurred

at or near Norton Priory. However, disputes and admonitions did occur on numerous occasions at the priory. For example, in 1315 Hugh V of Dutton instigated a dispute with Norton, complaining that the prior and canons were not upholding their duties (Jacob & Johnson eds 1938, 88). There is no evidence of violence from this account, although in 1522 a dispute at Norton resulted in the prior, William Hardware, threatening the abbot, William Merton, with a knife over accusations from both parties relating to lapses of their ecclesiastical observations (Baggs *et al* 1980b). It appears that life in and around Norton Priory was far from the Christian ideal, and despite religious teachings to 'love thy neighbour' and the threat of death by judicial punishment, the presence of inter-personal violence away from the battlefield was very real.

Conclusion

This paper has described a case of peri-mortem blade trauma on an adult male skeleton from medieval Norton Priory, plausibly identified as that of Sir Geoffrey de Dutton. The evidence presented here suggests that he was the victim of a personal attack rather than battle-related trauma. It is suggested that he was unable to defend himself, possibly hindered by his inability to move his arms freely due to Pagetic bone thickening, or by simply being outnumbered. No skeletal evidence of inter-personal violence was found on the remaining Norton Priory assemblage, and there is little comparison with other cases of vertebral trauma from Britain that suggest injuries other than those from judicial execution. This does not, however, suggest that inter-personal violence did not occur between other people in and around Norton Priory, but the evidence does provide a rare snapshot of the vulnerability of certain individuals because of their health or status. Such violence reflects a disparity between the ideal Christian life and the realities of life in medieval England. The evidence presented here offers an interesting line of enquiry for those who may find osteological evidence of weapon-related trauma at other medieval sites.

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